PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 8, 2004

11/09/	2
10698962	-

CLAIMS AS FILED - PART (Column 1)						<i>m</i> n 2)	SMALL ENTITY TYPE			OR	OTHER THAN SMALL ENTITY	
TOTAL CLAIMS		·				1	RATE	FEE	7	RATE	FEE	
F	FOR		NUMBER	NUMBER FILED		NUMBER EXTRA		BASIC FE	150.00	OR	BASIC FEI	300.00
Ţ	TOTAL CHARGEABLE CLAIMS			minus 20=		• .		X\$ 25=		OR	X\$50=	ì
IN	INDEPENDENT CLAIMS			ninus 3 =	•			X100=		OR	X200=	
MULTIPLE DEPENDENT CLAIM PRESENT								+180=		OR	+360=	
* If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	_	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)							SMALL	ENTITY	OR	OTHER SMALL		
-		(Column 1)	†	HIGHE		(COMMITTED)	r		ADDI-	1		ADDI-
AMENDMENT A	<u> </u>	REMAINING AFTER AMENDMEND		PREVIO PAID F	USLY	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL FEE
	Total	. 12	Minus	••		E		X\$ 25=		OR	X\$50=	
AME	Independent	ENTATION OF M	Minus ·	OCNOCNT.	CLAIM	=		X100=		OR	X200=	
L	PIRST PRESE	ENTATIONS	ULTIPLE DE	PENDENT	COAIM			+180=		OR	+360=	, · · · ·
								TOTAL		OR	TOTAL	
	• •			40.1	. 41	, ,	A	DOTT. FEE		,	NOOIT. FEE!	
_		(Column 1)	1	(Colum		(Column 3)	-					422
AMENDMENT B	· ·	REMAINING AFTER AMENDMENT		PREVIOUS PAID F	ER USLY	PRESENT EXTRA	_	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	•	Minus	ee ,,		2		X\$ 25=		OR	X\$50=	. ~.
AME	Independent	<u> -</u>	Minus	'		•		X100=		OR	X200=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM +180=										OR	+360=	
	•							TOTAL DIT. FEE	·	OR.	TOTAL DOIT, FEE	
		(Column 1)		(Columi	n 2)	(Column 3)			÷			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	·	HIGHE: NUMBE PREVIOU PAID FO	ER ISLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	## .		•	×	\$ 25=		OR.	X\$50=	,
AME	Independent	•	Minus	***	l		7	(100=		OR	X200=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			ľ	.000	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
								TOTAL			TOTAL	
- 1	i the "Highest Nu	nn 1 is less than th nber Previously Pa mber Previously Pa	id For IN THIS	S SPACE IS N	ess than	20, enter "20."	ADI	.TOTAL DIT. FEE		OR A	TOTAL DOTT. FEE	